

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025774

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

Registrar's No.

6326

STATE FILE NUMBER

FILED JUN 21 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis</b>		c. CITY OR TOWN <b>St Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2522 A S 12th Street</b>		d. STREET ADDRESS (If outside, give location) <b>2522 A S 12th Street</b>	
3. NAME OF DECEASED (Type or print) First <b>Michael</b> Middle <b>C</b> Last <b>Curtin</b>		4. DATE OF DEATH Month <b>June</b> Day <b>14</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/31/90</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Barber</b>	9b. KIND OF BUSINESS OR INDUSTRY <b>Tavern</b>	10. BIRTHPLACE (City and state or country) <b>St Louis Missouri</b>	11. CITIZEN OF WHAT COUNTRY <b>U S</b>
12a. FATHER'S NAME <b>Michael Curtin</b>		12b. MOTHER'S MAIDEN NAME <b>Margaret Cahill</b>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		14. INFORMANT Address <b>Evelyn Curtin 2522 A S 12th Str</b>	
15. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>4200</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>Four hours</b> <b>Several years</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>generalized arteriosclerosis, arteriosclerosis obliterans (bilateral angina)</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	17a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	17b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
18. TIME OF INJURY Hour <b>5</b> a.m. <b>A.</b> Month, Day, Year <b>6-7-63</b>	19. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20b. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <b>6-3-63</b> to <b>6-7-63</b> and last saw him alive on <b>6-7-63</b> Death occurred at <b>5 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Robert S. Mendelsohn, M.D.</b>		22b. ADDRESS <b>4652 Maryland St. Louis 8, Mo</b>	22c. DATE SIGNED <b>6-14-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/17/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>
24. FUNERAL DIRECTOR <b>Moydell Funeral Home 1926 Allen</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 15 1963</b>	26. REGISTRAR'S SIGNATURE <b>Keon Smith, M.D.</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Adley F. Gaella Jr.*

Licensed Embalmer No.

4950

P. O. Address

*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.